



DISCHARGE MONITORING REPORT
NORTH DAKOTA DEPARTMENT OF HEALTH
DIVISION OF WATER QUALITY
SFN 19148 (11-02)

North Dakota Pollutant Discharge Elimination System

Name of Facility		
Permit Number	Discharge Number	Monitoring Period From: To:

Pollutant Parameter	Quality or Concentration				Sample Type
	Event 1	Event 2	Event 3	Units	
Total Suspended Solids					
Total Phosphorus					
Total Kjeldahl Nitrogen					
Total Nitrates as Nitrogen					
pH					
Oil and Grease					
5-Day Biological Oxygen Demand					
Chemical Oxygen Demand					

Date of Storm Event Sampled	Duration of Storm Event (hours)	Precip. Amount (inches)	Time Since Last 0.1 in. or Greater Precip. Event	Estimated Size of Drainage Area (acres)	Estimated Quantity of Runoff Discharge (gallons)
1.					
2.					
3.					

Comments:

I certify under penalty of law that I have personally examined and am familiar with the information submitted herein. Based on my inquiry of those individuals immediately responsible for obtaining the information, I believe the submitted information is true, accurate, and complete. I am aware that there are significant penalties for submitting false information including the possibility of fine and imprisonment.

Typed or Printed Name/Title of Principal Executive Officer	Telephone Number
Signature of Principal Executive Officer or Authorized Agent	Signature Date